



I020644-001

CLAIRE MANUFACTURING COMPANY

Mfg. of Aerosols for Sanitary Supply & Specialty Products

500 Vista Avenue, Addison, Illinois 60101
(630) 543-7600 – Fax: (630) 543-7797 – 1-800-CLAIRE-1

April 8, 2009

Document Processing Desk - 6(a)(2)
Office of Pesticide Programs
Mail Code 7504C
U.S. Environmental Protection Agency
1200 Pennsylvania Ave.
Washington, DC 20460-0001

To whom it may concern:

On behalf of Claire Manufacturing Company, company EPA Registration Number 706, I am hereby submitting an *Adverse Effect Incident Information* reports for one individual HC exposure incident in accordance with FIFRA Section 6(a)(2).

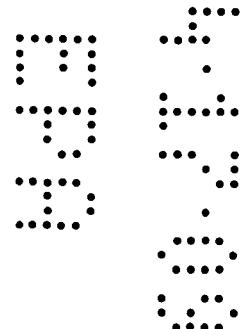
Should you require any additional information, I can be reached at 630/543-7600, ext. 422.

Respectfully,

Theresa Wendel
Regulatory Compliance Specialist
Claire-Sprayway Inc.

attachment

FILE: IndvlRprtCoverClaire

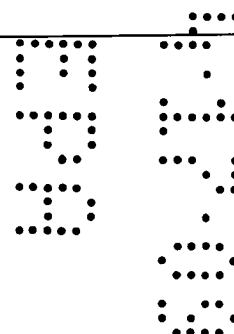


Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID 447759
Administrative Data	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Ropley, WV USA 03/11/2009</i>	Date registrant became aware of incident. <i>03/16/2009</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>706-69</i>		EPA Registration # (Product 2)	
	A.I. (s)		A.I. (s)	
	Product 1 name <i>CLAIRE DISINF SPRAY FOR HEALTH CARE USE</i>		Product 2 Name	
	Exposed to concentrate prior to dilution? <i>NA</i>		Exposed to concentrate prior to dilution?	
	Formulation		Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Workplace</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			



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Brief description of incident circumstances.

Marshall, Josephine Mar 16 2009 8:07AM

HX: Caller states that she was poisoned by the Claire disinfectant spray. Caller states that the product was sprayed in the restroom where she works. Caller could smell the product in the restroom. Caller sat on the toilet seat and it felt damp to her on 03/11/09. She began to have itching on her buttocks initially that progressed to , itching and hives on her entire body. She had a burning sensations on her skin along with erythema. Caller went to MD at that time and was given inj of Diphenhydramine and a steroid inj. When she returned to work the following day she had the same reactions and had to do back to MD for another inj of Diiphenhydramine. She has not returned to work since last exposure on 03/12/09. Caller is wondering about a specific treatment for product.

A: This is not an expected reaction from labeled use of this product. There are many potential causes of symptoms described. Since product is suspect, discontinue use. Continue working with MD regarding treatment. Provided caller with case#. CB prn.

Notified LT

Nystuen, Amy Mar 18 2009 2:54PM

states the doctor is checking her lungs and liver for testing along with blood work to see what is going on. She is states her eyes are bothering her, she has diarrhea, her face is red, her ears are burning, welts on her head and neck, her hands are itchy. She has a cough and she did tell the doctor that they are using the product and the doctor thinks the product is causing her symptoms and that is why he is doing so much testing. She has not been on Benadryl and steroids and have not been back to work since Friday and she has been tired but everything else is fine. She also had SOB.

0350

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: 45 Year(s) Sex: Female Occupation (if relevant) NA	Exposure route: Dermal	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? No	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: 30 min or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Private MD/DVM-treated & released	List signs/symptoms/adverse effects Dermatological-Dermal irritation/Pain Dermatological-Erythema/Flushed Dermatological-Hives/Welts Dermatological-Pruritus (itching) Gastrointestinal-Diarrhea Ocular-Ocular irritation/pain Respiratory-Cough/choke Respiratory-Dyspnea/Shortness of Breath		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID # 427739
